The American Practitioner.

DECEMBER, 1884.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

FEMALE PHARMACISTS.*

BY D. W. YANDELL, M. D.

STUDENTS OF THE LOUISVILLE SCHOOL OF PHARMACY FOR WOMEN: I am indebted to my friend, Mr. Theodore Harris, for the pleasure of being here this evening. You probably know Mr. Harris simply as one of the trustees of this institution. There are those of us who know him as one of the founders of the college, and one whose energy and enlightened foresight have contributed very largely to its success.

When Mr. Harris asked me to come and say a few words to you on this occasion I accepted the honor with many misgivings. For, much as I speak in public, my audiences hitherto have been composed exclusively of medical men, and the subjects on which I have spoken have been strictly medical subjects. And while it would not be true if I said this was the first time I ever addressed any of your sex, it is entirely true that this is my maiden effort at addressing maidens in mass. It may serve to relieve you of any uneasiness that otherwise might arise in your minds at the thought of being addressed

*Lecture delivered at the first Commencement Exercises of the Louisville School of Pharmacy for Women.

by one who, though so old, is a mere tyro at the business, to say that I shall ask your ear but for a few moments. I suggested to Mr. Harris that he could readily find in either of the other two learned professions some one who could speak much more fittingly to you than I can. But "No," he said, "even the pundits in the law in Kentucky are not in very good order just now; and when I have bethought me even of the least disputatious of the divinity doctors, I fear they are too strait-laced as to woman's sphere and duties, and if one were given the opportunity he would probably quote only those texts of Scripture which inculcate the inferiority of women and their subordination to men."

I suspect, though, that my friend's real reason was this: He knew the relations existing between medicine and pharmacy, and that a physician, therefore, was the fittest person to speak to you on this occasion. I hardly need remark that without medicines there would be no pharmacy, and without Medicine Doctors there would be no Pharmacy Doctors.

Pharmacy, as you have been told, is, briefly, the science and art of preparing and compounding drugs. The science and art of medicine consists, as briefly, in studying the effects of drugs and applying them to the healing of diseases and the lengthening of human life. In the earliest dawn of the profession to which I belong there were students also of the art which henceforth you are to practice. Candor compels me to say, however, that in the long line of great names in pharmacy which have come down from that time I recognize none belonging to your sex.

But to my profession women have given many members of true erudition and of great practical skill. In the first medical school, established during the first Christian era, women taught side by side with men. The School of Salernum contained in its faculty no names more respectable for scientific zeal and attainments than those of the three female professors—Trotula, Rebecca, and Abella—who were ready to grapple the toughest subjects in physiology or medicine.

Trotula wrote a dissertation which added greatly to her fame, and which some time, when you are tired of the pestle and mortar, the symbols of your calling, you might consult with wonder if not with profit. Her medical scholarship was so profound that when a great disputant, Rudolph Mala Corona, went to this seat of learning to try conclusions in science with its professors, she alone was deemed by him a worthy antagonist. It is due, however, to the truth of history to say that Corona was quite an old gentleman, and a widower, while Trotula was young and handsome, no less than gifted.

Her sister professor, Abella, was a poet-physician, and indited a treatise on "Black Bile" in Latin verse. This might furnish wholesome reading for you should you find yourselves at any time getting too gay.

The taste of the learned Rebecca inclined her to the same line of investigation, and she prepared a work, copies of which you may find in the older libraries.

These mothers in medicine, however, were not prolific; they left no successors worthy of their fame, and their example has not had many imitators in the centuries since they flourished.

Yet I should commit a very foolish injustice if I neglected to mention that in our own immediate times there are many of your sex, graduates in medicine, who have certainly done much and excellent work. I shall mention but two. One, your own country-woman, Mrs. Mary Putnam Jacobi, whose writings on the practice of medicine justly place her high among physicians; the other, Mrs. Ernest Hart, of London, who has contributed to physiology some of the most advanced and important work of the day. It is still an open question whether female physicians will ever become very numerous, yet in learning they may presume to rival us, while in tact, in grace, in gentleness they are far and away our superiors. These pleasing qualities would make them welcome visitors to many a sick-chamber. If young and handsome, I have no doubt valetudinarians of our sex would look for their morning calls as they might for angels' visits, only that they would not have them

"short and far between;" early and often would suit them better. The old schoolmaster in "Adam Bede," who many of you will remember as not a very knightly man, was also, I may tell you, a very sorry physiologist. Woman can do far more than he declared she could, and do it better. She makes, for instance, a better nurse than man. How much better all know who have experienced her gentle ministrations; but none so well as those who, when sick, have been thrown upon the hands of strangers. If the hospitals and infirmaries of the earth could return the sounds which have fallen upon their walls, with what myriad echoes would they testify to her angelic qualities at the bedside of the sick and dying! And how natural the conclusion, if better nurses, why not at least as good pharmacists?

Women make better nurses than men because they are quicker and gentler, more patient and forbearing. Speaking as a surgeon, women have more courage and far more fortitude than men. I have seen women prepare themselves for an operation and take their places upon the operation-table with a heroism far surpassing that of men. They take medicine and they give it better than men. They need more, or think they do. They consume more, and they have greater faith in it than men. And if all this be so, why should they not compound it better than men? They are readier and neater and honester than the sterner sex; why should n't they, therefore, make better pharmacists? I know of but one reason, and that is furnished by a somewhat ominous sentence which figures on the prescription-case of one of your teachers, and reads thus: "Silence secures accuracy." If this be not an essential in your business, I must believe that you possess every element necessary to success.

You have certainly shown yourselves to have courage, else you had not undertaken the study of what, in one sense, you have just completed. You have shown endurance, in that you have followed the course of the college throughout its full term. You have shown diligence, as attested by your teachers. You have shown adaptability, intelligence, and learning, else you had not won the coveted diploma of the institution.

I am one of those who have never subscribed to the current expressions of the day touching the superiority of one sex over the other.

I choose to believe that "each sex has what the other has not; each completes the other, and is completed by the other; they are in nothing alike, and the happiness and perfection of both depends upon each asking and receiving from the other what the other only can give."

I hold with Mr. Ruskin "that a girl's education should be nearly, in its course and material of study, the same as a boy's, but quite differently directed."

This great educator makes in this matter a single exception, that of theology. He thinks this science dangerous for women, and bids them beware of touching it. The danger here, he states, lies in the disposition of women "to recommend themselves to their Master by scrambling up the steps of His judgment throne to divide it with Him."

I have never given the question of the suitability of theology as a study for women much thought, but I must believe it possesses great natural attractions for them because of the wide field it offers for the last word.

Graduates, your education in pharmacy, which is the immediate matter before us just now, is completed in so far as the mere college curriculum goes. Your success in pharmacy as a calling, whereby you are to win your bread, will depend not more upon yourselves than upon the public. What the people decree in this matter is a law to which all, you and the men alike, must bow submissively. If they want women doctors, in either your calling or mine, such will be found ready to meet the demand. If you now, pressing forward in your work so eagerly, find your services are not wanted, you have but to take down your signs, get married if you will, or turn lecturers if you will, or to some more lucrative employment.

For my part I can see no incompatibility between the practice of pharmacy and the practice of married graces. I am in full accord with that staunch and most loyal admirer of your

sex, Mr. Ruskin, who, after ascribing all that was best and truest and purest and soundest in himself to the sweet influence of a woman, even declared "that no man ever lived a right life who had not been chastened by a woman's love, strengthened by her courage, and guided by her discretion."

Permit me to hope, then, that should a desirable opportunity offer, you will remember the words I have just quoted, and chasten the suitor. Should you at any time undertake to unite the two callings, I charge you, if you would have peace to dwell within your house, to set your faces against those fair Athenians who, we are told by Aristophanes, grew dissatisfied with the management of the public finances by the mayor and city council, seized upon the Acropolis, and relegated their husbands to the kitchen to cook their own dinners, no less than perform certain other domestic duties which belonged properly to the wives. I do n't say that it would be amiss to have women made secretaries of the treasuries both public and private, for I think they have a wonderful talent for holding the purse-strings; but I warn you that if you require your husbands to broil their own chops, you may expect them to wish at least to bray you in one of your own mortars.

One word, and I will sit down. The School of Pharmacy in Louisville for Women is the first of its kind in America. You are its maiden alumnæ. The institution itself is the result of the enterprise and thought of a handful of earnest men and women, who believed that such a school was needed. It is an experiment. The fact that you have gathered in considerable numbers to avail yourselves of what it offers affords the most convincing proof that its creation was called for. The interest which is felt in it by the public at large is sufficiently shown, not only by the presence of so many here this evening, but in various other ways as well. You, as the first-born of the institution, will carry with you not only the hopes which always center in such children, but you will be followed wherever you go by the best wishes of all good men and women in this community.

Having adopted a commercial pursuit, one which has hitherto been, in this portion of the country at least, occupied exclusively by men, you should not be discouraged if the fine qualities you have shown in the class-room do not meet quick recognition over the prescription-counter. You have chosen to align yourselves with man. You have become his competitor for bread, his rival in work. Look for no other treatment than that he gives his fellows. The lines of commerce are merciless, and true banking knows no friends. The homage which has hitherto been spontaneously yielded you will, in one sense, be rendered you no more. Your Mother Hubbards will no longer cause men to bow down at your feet, and though you may anoint their eyes they shall not again see you as before. You have elected this. Competition in pharmacy—rivalry in work—you will find no less sharp than men find it. Your elbows must be put to use now in making your way through the world. Many hands that were once held out to you will now have their backs turned toward you. All this you must expect. Let it not dishearten you. The very qualities which have brought you to this post winners shall make you also winners in the fields that are before you. And though the rewards which they contain may not be all that you hope and far less than you deserve, your lives, if they be but true and simple, shall surely also be useful.

The Spirit of Wisdom, as conceived by the Egyptians, was given the form which you wear, and into her hand was placed, as a symbol, the weaver's shuttle. That Spirit of Wisdom which, let us hope, will ever preside at the shrine before which we are now gathered will henceforth carry in her hand as a symbol a pestle and mortar. May you find in them ready and pleasant means for winning both distinction and more than you need to wear.

Pharmacists are essential to doctors in medicine at least, and among these, if you but do your duty, you will find your best friends.

ON THE AFTER-TREATMENT OF AMPUTATION WOUNDS.*

BY E. KELLY, M. D.

In amputation, as in other wounds, the surgeon first looks after hemorrhage; closing the larger arteries by ligature and the smaller ones by torsion or other means. This having been done, he proceeds to wash the wound with tepid water carbolized or sublimated, or otherwise made antiseptic, and in order to thoroughly cleanse the parts of blood, bone, dust, etc., which would interfere with union of the parts. Drainage comes next in importance. The necessity for drainage is, I may say, universally acknowledged by surgeons of the present day, yet there can be no doubt that many of the unfortunate results of amputation wounds may be ascribed to the insufficient or careless manner in which it is done. Septic conditions are quickly induced by the absorption of pent-up decomposing secretions in any wound; and in wounds of this class, where we have divided bone with its open, cancellous tissue exposed to these pathogenic fluids, it is not always an easy matter to provide drainage sufficiently thorough to avert these results. Certain surgeons, recognizing this fact, prefer the open method of treating amputation wounds. The method itself is simple enough, and consists in placing the parts over a properly adjusted receptacle in which the discharges are caught while the wound is left entirely open, protected only from the currents of the atmosphere, etc., by some lightly enveloping material until the stage of active suppuration and sloughing has passed, which usually occupies twelve or fourteen days. The granulating surfaces are then loosely approximated and healing proceeds by granulation and the union of approximated granulations. In good sanitary surroundings the open method very uniformly gives a good result; the disadvantages of the practice lie in the

*Read before the Beech Fork Medical Association.

difficulty of obtaining the requisite surroundings and the longer time occupied in healing. Its advocates argue, and with reason, that time should not be allowed to weigh against safety in such cases.

Mr. Lister has taught us that by adequate drainage wounds of this class may be closed immediately, not only with safety, but with the advantage of obtaining union by first intention between at least the greater portion of the surfaces. It is this method which I myself follow, and to which I wish in a very brief and elementary way to direct attention.

Drainage to be thorough must be adequate to prevent accumulation of fluids in all parts of the wound. When an amputation has been smoothly made, one drainage-tube laid along the bottom of the wound, with its ends projecting, will usually be sufficient. But we must not be content with having secured thorough drainage when we close the wound; we must see that it is maintained throughout the entire stage of active suppuration.

Proper drainage having been made the surfaces of the wound should be brought into apposition and retained by well-adjusted sutures. The material of the sutures is not of much importance. I myself prefer silver wire in the larger amputations, but silk or linen will probably answer as well. The sutures should be inserted at a sufficient distance from the margin of the wound to insure a good hold, and care taken that they are not drawn too tightly. The wound after being closed should be protected by some efficient external dressing. For this purpose I think nothing is better in private practice than good antiseptic tow and a roller bandage. Place a cap of carbolized tow immediately over the stump and secure this with a roller bandage, and you have a very complete and excellent dressing in cases treated amid ordinarily good sanitary surroundings.

While healing proceeds in a normal way there is nothing to fear. But complications sometimes arise from perversions of the healing process, often of an inflammatory nature, and what a short time before gave promise of speedy cure runs quickly into suppuration and putrescence. I am not prepared to fall in with the

more fashionable view of the day, which regards these processes as always of extrinsic origin and always capable of being prevented by thorough antiseptic measures; in a word, I do not believe that they owe their origin to the action of "specific germs." But while I reject the theory of the "specific-germ" origin of these wound complications, I do not discard antiseptic treatment of wounds, nor do I deny the influence which organic germs may exert as causative agents in the production of putrescence, etc. Whether these germs be vegetable or animal, their anatomical structure is certainly not complex, merely a cell wall enveloping a mass of protoplasm. Their only movement is that peculiar to living cells designated ameboid movement and, as far as can be observed, their only digestive apparatus is their enveloping cell wall, their nourishment being obtained by absorption from the pabulum in which they are developed. Now, there is nothing unreasonable in the assumption that organisms of this character may become so saturated with the medium in which they are suspended as to partake of the nature of this medium. If this medium should be a decomposing mass of organic tissue, these germs may thus transform themselves, as it were, into minute putrescent masses, and being by various means thrown off and disseminated through the atmosphere, may by contact with tissues in a state of lowered vitality, such as we find in wounds, become the originators of putrescence.

If you ask me how, except through the agency of a specific action on the part of germs introduced, organic matter in a state of decomposition sets up a like process in other organic matter with which it may be brought in contact, I answer by asking you how, in the inorganic world, the mere presence of one element or compound may bring about the decomposition of another compound with which it is brought in contact, without itself entering in any way into the combination or undergoing any change? This phenomenon, known as catalysis, is familiar to every student of chemistry. Billroth (Surgical Pathology) thus accounts for the influence of germs in the production of wound diseases: "My belief," says he, "is that all micrococci do not

necessarily have a phlogogenous action, but only those which are formed in certain products of inflammation, such as decomposing pus or fluids of the body, putrid urine, etc., and which have there absorbed the ferment." This principle applies not to the influence of germs in the production of putrescence only, but of other diseases as well, and I think recent observations in this field of science will tend to advance this view. In regard to the innocent micrococcus constantly found in abundance on the buccal and pharyngeal mucus membranes of healthy individuals, and the harmless hay bacillus (*B. subtilis*) found in the greatest abundance all around us, Dr. J. S. Billings, in a lecture delivered February 17, 1883, at the United States National Museum, Washington, has said: "As regards diphtheria, it is probable that it is due to a common micro-organism which, under circumstances not yet understood, becomes virulent, as the micro-organisms of sweet hay infusion may be transformed into those which cause malignant pustule." Dr. Carpenter, the justly renowned English microscopist, has also said in a recent address before the British Association, that in his opinion, "there is very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease," and "that the same germs may, under altered circumstances, produce various diseases." The expression of these conclusions from such eminent authorities certainly endangers the integrity of the "specific-germ" theory and can not but be construed as indirect testimony that the disease-producing propensities of organic germs depend more upon the character of the medium in which they are developed than upon any intrinsic power which they possess *per se*. The innocent hay bacillus, if developed in the secretions of malignant pustule, may become a causative agent in the production of malignant pustule, and if developed in a putrescent mass, may become a causative agent in the production of putrescence; and just so, if the "putrefactive bacterium" be developed in an innocent medium, it may infest a healthy wound without the production of harm.

Antiseptics of the strength used in wound-dressings are frequently incapable of killing organic germs, but they are capable o arresting the process of putrefaction; hence putrescence-laded germs exposed to their influence, though they may pass into a wound in a state of activity, are robbed of their virus and rendered harmless. And as this applies not only to organic germs, but to many other carriers of putrescence also, and as putrescence is so prevalent all around us, antiseptic protection is of decided value in the treatment of most wounds. Very minute particles of putrescent material, if exposed to the atmosphere, will after a short time lose the power of exciting a like process in organic material with which they may come in contact; and just so, if these microscopic carriers of putrescence must be wafted a considerable distance through the atmosphere in order to reach a wound, they can be productive of no harm. Therefore, if a wound be treated amid good sanitary surroundings at a distance from any source of infection, there is no necessity for the use of any antiseptic save cleanliness. This is well shown in the record of Mr. Lawson Tait's private hospital where, under the protection of rigorous sanitation, he has performed a hundred abdominal sections, with the small death-rate of three per cent, besides many other operations, with a like small rate of mortality, cleanliness being the only antiseptic used.

Mr. Savory, in 1881, gave the statistics of wound-treatment in St. Bartholomew's Hospital, in which institution the use of antiseptics had been abolished, and in the treatment of all classes of wounds the record was very highly satisfactory. Here, as in Mr. Tait's hospital, the key to success was cleanliness and good sanitation.

If, on the other hand, a wound be treated in a crowded hospital where sanitary measures are not efficiently executed, or in any other situation in proximity to sources of infection, it is the duty of the surgeon to use every antiseptic precaution throughout the whole course of treatment. But, as I have stated, I consider the protection afforded by the use of an antiseptic wash and a dressing of antiseptic tow all that will be required in the

treatment of most wounds of this class coming under our observation in private practice.

So much for the protection of a wound from extrinsic causes of putrescence and like complications. But notwithstanding our best efforts in this direction, in some wounds these complications will arise; not from the entrance through some unguarded avenue of mischief-making germs, but from intrinsic causes. If the reparative resources of the tissues involved be interfered with by such constitutional affection as the strumous diathesis or by very much lowered vitality from any cause, putrescence is liable to attack the wound, whether or not there be a bacterium or a micrococcus any where in the vicinity of it. Our efforts to meet these cases, if successful, must be directed to the general system.

After the wound is properly dressed, the next step in the treatment is to place the stump at rest and to control the jumping of the muscles, and the more perfectly this step is executed the more certain are we to carry the wound through to a successful issue. Placing the stump in a well-adapted, comfortable splint will aid us very materially in obtaining the desired state of rest. Should evidence of septic poisoning supervene and the wound when examined be found healing by first intention, remember the possibility of an accumulation of pus or other pathogenic fluid, capable of absorption, being confined somewhere within the wound by the healing of the tissues around it. Should such be the case, you re-open the wound or otherwise reach and evacuate the confined fluids. If comfortable to the patient, allow the first dressing to remain till it becomes displaced or soiled, but not till it becomes offensive. Discomfort or pain should be quickly attended to. Remove sutures and drainage-tubes as healing progresses. Maintain the general health no less than care for the stump, remembering that "experience and science alike tell us that while we look after wounds we must not forget the body in which they are, and that pure air, good food and careful nursing are not less essential than lotions and sutures and dressings."

LEBANON, KY.

Reviews.

A Manual of Diseases of the Throat and Nose: Including the Pharynx, Larynx, Trachea, Esophagus, Nose and Naso-Pharynx. By MORELL MACKENZIE, M. D. Vol. II. Diseases of the Esophagus, Nose and Naso-Pharynx. New York: Wm. Wood & Co., 56 and 58 La Fayette Place.

This is the concluding volume of a work which must be recognized, wherever read, as the very best yet written on the subjects of which it treats. One secret, perhaps, of this excellence may be found in the fact which the author discloses in the preface: "It is now twelve years," he said, "since this work was commenced, and during that period there is scarcely a page that has not been written and re-written several times."

It is pleasant to note that the author shows entire familiarity with the writings of Americans upon diseases of the nose and throat, and in his allusions to them pays handsome tribute to their worth.

The Medical Graduate and His Needs. By GEO. C. WELLNER, M. D. Pp. 100. Detroit, Michigan: George S. Davis. 1884.

The needs of the young doctor are well set forth in the modest little volume under notice, and as much may be said of the means offered for their supply.

Advice, we all know, is cheap, and the name of those who give it is legion; while the number who take it is conspicuously small —especially among physicians. Which leads one to ask, does the new graduate require a Mentor to point out to him his needs? Does he consider advice, other than his own, among the necessities? Has n't he on all sides more advice than he can follow?

And does n't he carry continually about with him advice to sell? All roads lead to Rome. Every man will choose his own route. Finger-boards go for little. We graybeards know that youth has not reached the "arch where thro' gleams that untraveled world whose margin fades for ever and for ever" when he moves; but *he* thinks he has, and so is in no frame of mind to accept advice. Ulysses drank delight of battle. His well-loved Telemachus sought "through soft degrees to subdue and to make mild a rugged people." "He works his work; I mine," said the sire. It is the same with the newly made physician. His face is set toward Rome. He may n't go your way nor mine. But he 'll get there all the same.

The Lock-Jaw of Infants (Trismus Nascentium), or Nine-day Fits, Crying Spasms, etc. Its History, Cause, Prevention, and Cure. By J. F. HARTIGAN, M. D., Washington, D. C., Member of the American Medical Association, etc. New York: Bermingham & Co., 28 Union Square. 1884.

This little work is a really useful contribution to the literature of this variety of lock-jaw. The aim of its author is to establish by a number of carefully observed cases the mechanical origin of the disease, in a word, to verify Marion Sims's hypothesis as to the cause of *trismus nascentium*. Whether he has succeeded in doing so or not, he has produced a very readable and instructive book.

A Text-book of Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER, Professor at Tübingen. Translated by D. MacAlister, M. D., Part II. New York: William Wood & Co.

This is another one of "Wood's Standard Medical Authors." Prof. Ziegler has long been a successful teacher in the branch of which he writes, and in the volume under consideration he has

put in small space and in a singularly clear and forcible way the substance of his class lectures. He has done much to assist the student by numerous well-executed wood-cuts. The work as a whole is one of the very best of its class.

The Medical Record Visiting List. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York, N. Y.: Annual or Perpetual.

Contents: The Metric System, Thermometric Scales, Table of Signs, Table for Estimating the Probable duration of Pregnancy, Approximate Equivalents of Small Weights, Doses of Drugs used for Subcutaneous Injection, Doses of Common and Rare Drugs, Drugs suited for Atomization, Inhalation, Doses, etc., Disinfectants; The Urine, Chemical Analysis, Poisons and their Antidotes, Emergencies, Treatment of Asphyxia, Visiting List with Special Memoranda, Practice, Obstetric Engagements, Record of Vaccination, Addresses of Patients and others, Cash Accounts, etc.

This visiting list is all that could be desired in its way; the physician who has once used it is not likely to seek a better.

The National Dispensatory. By ALFRED STILLÉ, M.D., LL.D., and JOHN M. MAISCH, Ph.D. Third edition. Pp. 1755. Philadelphia: Henry C. Lea's Son & Co. 1884.

Five years back, the first edition of this work being exhausted, the second was brought out. We now have the third edition, augmented in size by seventy-five pages, while the size of the printed page itself has been increased by half an inch each way. Much of the work has been re-written, new articles have been added, nearly a hundred more illustrations inserted, and the general index greatly improved. The volume as it now stands is simply indispensable to the practitioner.

Physician's Visiting List, 1885. Lindsay & Blakiston; P. Blakiston, Son & Co. Thirty-fourth year of its publication.

Containing Calendar, List of Poisons and Antidotes, Dose Tables, re-written in accordance with the Sixth Revision of the U. S. Pharmacopeia, Marshall Hall's Ready Method in Asphyxia, Lists of New Remedies, Sylvester's Method for producing Artificial Respiration, with Illustrations; Diagram for Diagnosing Diseases of Heart, Lungs, etc.

The only possible drawback to the coming of this standard visitor is, that it denotes the early coming of another year. But for this we should greet it as being a perfect work of its kind—compact, complete, simple, handy.

A Compend of Organic and Medical Chemistry: Including Urinary Analysis and the Examination of Water and Food. By HENRY LEFFMAN, M. D., D. D. S. Philadelphia: P. Blakiston, Son & Co. 1884.

With the rapid advance being made in hygiene and sanitation the above work is a most timely publication. It is a condensed compend of organic chemistry, yet containing all that the student need know on that subject, while the chapters devoted to medical chemistry represent what is most useful in that department.

Medical Society of the State of Tennessee: Transactions. 8vo, pp. 140, paper. 1884.

This is a neatly printed volume containing some valuable papers, which would have found more readers had they been published in a medical journal. The constitution, by-laws, and code of ethics still figure among its contents and cumber a fourth of the space of the work.

A Practical Treatise on Disease in Children. EUSTACE SMITH, M. D., Physician to East London Children's Hospital and to the Victoria Park Hospital for Diseases of the Chest. Pp. 884. New York: William Wood & Co. 1884.

Dr. Eustace Smith has long been known through his monographs on the wasting diseases of children. The present treatise will introduce him to a wider circle of readers, and not one of the number can lay down the book without a keen sense of obligation to the author.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, late Professor of Surgery in Bellevue Hospital Medical College, and Surgeon to the Bellevue Hospital, New York, etc. Seventh American edition. Philadelphia: Henry C. Lea's Son & Co.

The learned author of this classical treatise is granted the satisfaction of seeing it reach a seventh edition in a little less than a quarter of a century, and finding it confessedly the best work of its kind in any language.

Drugs and Medicines of North America. A Quarterly devoted to the Historical and Scientific Discussion of the Botany, Pharmacy, Chemistry, and Therapeutics of the Medicinal Plants of North America, their Constituents, Products, and Sophistications. Cincinnati: J. N. Lloyd & C. G. Lloyd. 1884.

This is a well-printed quarterly devoted to a special department of materia medica, and, if the two numbers now before us are to be taken as an earnest of its future, can not fail to be sought by all who are interested in our indigenous flora. It is published at the remarkably low price of one dollar a year.

Minutes of the State Medical Society of Arkansas, at its Ninth Annual Session. 8vo, pp. 55, paper.

The State Medical Society of Arkansas improves on the transactions of the societies of her sister States, and publishes only the minutes of the annual meeting and the address of the president. The regular papers find their way to a larger circle of readers through the medical journals. This is as it should be.

A Treatise on Ophthalmology, for the General Practitioner. Illustrated. By ADOLF ALT, M.D. Chicago, St. Louis, and Atlanta: J. H. Chambers & Co. 1884.

A work on ophthalmology written solely for the general practitioner has long been a desideratum. The author of the treatise under notice is evidently acquainted with the daily needs of the "all round man," and, it may be added, has in the volume before us supplied them well.

Transactions of the Louisiana State Medical Society, at its Sixth Annual Session, held at Baton Rouge, Louisiana, May 21, 22, and 23, 1884.

The number of papers in this volume is small, but their quality is good—too good to be hidden in a form which naturally finds so small an audience.

Clinic of the Month.

THE NEW SPECIFIC FOR RHEUMATISM.—The New York Medical Journal publishes a paper* by Dr. H. H. Seelye, of Amherst, Massachusetts, on the use of the oil of gaultheria in the treatment of the various types of rheumatism, the observations having been made in three of the wards of a large hospital where special advantages were offered for testing the merits of the drug. We make room for copious extracts.

The medicine can be administered in various ways, the most agreeable being in capsules, either alone or mixed with salicylate of sodium, or in soda-water as a flavoring. We gave it in an emulsion of ten minims of the oil to half a dram each of glycerine and water. If the patient had been sick for some time, and the inflammation of the joints was extensive, we usually ordered two drams of this mixture every two hours during the day, and every three hours throughout the night. Under this treatment almost invariably within twelve hours the patient would express great relief, and by the end of twenty-four hours the pain and swelling would have left all the joints except, perhaps, a little in some one articulation, and there would only remain a slight stiffness of the previously inflamed parts, due probably to the distension of the adjacent tissues by reason of the swelling, which had now disappeared. Before or about this time, however, the patient would generally complain of some ringing in the ears and deafness, similar to that produced by large doses of quinine, but usually not so markedly annoying in character, and he would be apt to have some headache or a sensation of fullness in the head. These symptoms occurring synchronously with the cessation of pain, tenderness, and swelling from the joints, and with a sudden fall of temperature to the

*Read before the Hampshire County, Mass.. Medical Society in July.

normal, were generally considered an indication for diminishing the dose of the medicine, and it was therefore usually reduced to one dram every three or four hours, according to the relative amount of the cerebral and joint disturbance. If too much of the medicine was still given, its evil effects became more marked. The patient would now experience a loathing of the drug; nausea and vomiting would set in; the deafness, tinnitus aurium, and headache would increase; the muscles of the hands, limbs, and face would become tremulous; the countenance would be flushed and the whole body be bathed in a profuse perspiration; and at length the patient would become delirious. These extreme symptoms, more or less modified, were observed by us in perhaps eight or ten cases of acute articular rheumatism, but they almost invariably occurred in patients who had been hard drinkers, and in whom the attack of rheumatism was most probably due to some unusual exposure to cold or wet while in a state of intoxication. In the large majority of cases only a little ringing in the ears was complained of, and this would soon cease upon the diminution or complete withdrawal of the drug. There were also very many cases in which no evil results were ever manifested, but the patient speedily recovered without experiencing any annoyance.

There would always be a certain number of cases which would yield promptly to the remedy, so far as relieving the acute suffering, reducing the inflammatory swelling, and lowering the temperature were concerned, but still a little pain on motion, or a slight stiffness, would hang about some one joint, usually the shoulder, wrist, finger, or ankle, and it would be several days longer before the patient could say that he was perfectly free from pain and felt well. Again, there would be comparatively few patients who, after being speedily relieved, would be up and moving about the ward for some days without taking any of the medicine, and then there would come a sudden relapse, and the pains would return, though with less severity, in one or two joints. But here a renewal of the remedy usually induced a rapid recovery. In order to guard against

such relapses and to be sure that the cure was permanent, it was our custom to keep the patient in bed and to continue the medicine in smaller and less frequent doses for at least two days after all symptoms of the disease had disappeared, then to retain him in the ward for two or three days longer without giving him any medicine but tonics, and then, if there was no return of the symptoms, to discharge him cured. In a very large majority of cases the patients themselves asked, about this time, to be discharged, because they felt so perfectly well.

The one variety of rheumatism in which this remedy was found to be most efficient and rapid as well as permanent in its action is what is commonly known as acute articular rheumatism; the more acute the attack, the more joints are involved, the more inflamed and swollen they are, and the higher the temperature, so much the more speedy and complete is the cure apt to be. It is, in fact, in these worst of all cases that the remedial power of this drug is most wonderful to see. Yet it must not be supposed that it is of insignificant value in the more subacute forms of the disease; for here too it almost invariably diminishes the severity of the suffering, and after a time often effects a radical cure.

In the chronic forms of rheumatism the action of the remedy seems to be limited in most cases to merely giving prompt relief from the acute pains and swellings attending exacerbations of the malady, and for this purpose it is very efficient. But, like most other drugs, it is powerless to correct the permanent damage done to joints which have long been undergoing morbid changes in their fibrous and cartilaginous structures. The same statement is true, as a rule, in regard to those other obstinate forms of the disease known by the various names of gouty rheumatism, arthritis deformans, rheumatoid arthritis, gonorrheal and syphilitic rheumatism, etc. In the active stage of all these some temporary relief will usually be afforded, while a complete recovery under its influence is very rare.

Muscular rheumatism, lumbago, coxalgia, sciatica, and the like, seem to be variously influenced. Some patients, after the

medicine is begun, experience almost immediate relief, while others do not seem to be benefited at all. As regards the frequency of cardiac complications developing under this plan of treatment, it is certain that the liability to them is not increased.

SYPHILIS: ITS PREVALENCE, NATURE, AND TREATMENT.—A. Cooper, F. R. C. S., Surgeon of the Lock Hospital, summarized a paper on this subject before the Section on Surgery, British Medical Association, in these words: (1) The disease known as syphilis is due to the action of a specific virus, a pathological agent separate and distinct from every other animal poison, and never originating *de novo*. (2) The soft venereal ulcer (pseudo-syphilis) is due to the action of irritating secretions, which, so far from being identical with the poison of syphilis, are altogether different and distinct from it. Such an ulcer may, and frequently does, arise *de novo* from inoculation of the products of inflammation, and may then be transmitted from one individual to another. (3) The virus of syphilis may be commingled with the secretions of a pseudo-syphilitic sore, or with secretions which by themselves would cause such a sore. In either case, the resulting ulceration would possess double properties, evidences of which would sooner or later be exhibited.

Assuming that the diagnosis has been correctly made, what is the best plan to adopt in dealing with the primary manifestation of syphilis? Before answering this question, there is another that suggests itself, namely, as to whether any of the so-called abortive measures are useful or the reverse. Several methods have been suggested for destroying the induration; some authorities advocate excision by means of scalpel or scissors, others use various powerful caustics. My own belief is that all such attempts are useless. I regard the induration as the local manifestation of the constitutional infection, which would continue to develop itself, even were it possible to remove every trace of the primary lesion. Excision of the induration is, however, still practiced by a few surgeons, and they

assert that, in some cases, but by no means in all, the excision is not followed by any return of the induration, or by any appearance of constitutional symptoms. They regard the induration as a local lesion, in which the syphilitic poison attains its full development, and from which it is conveyed to lymphatic glands and other parts of the body. Some, indeed, assert that excision is not contra-indicated even by swelling and induration of the lymphatic glands. My own opinion is that the glandular affection is the most important sign of the nature of the case. It is certainly impossible to reconcile the conflicting statements with regard to the efficacy of the so-called abortive treatment. It is, however, a fact that not a few of those who once practiced it are now convinced of its inefficacy; and, in all probability, this plan of treatment will sooner or later be discarded.

I suppose that, at the present day, most surgeons are agreed that mercury is the medicine to be relied upon in treating syphilis; but there is, I believe, much difference of opinion with regard to the details of the treatment. Some, having diagnosed induration, withhold the exhibition of mercury until additional symptoms have developed themselves. Others are even more reluctant to have recourse to mercury. They treat the first eruptions that may appear with iodide of potassium, and prescribe mercury only when the cutaneous manifestations are particularly obstinate. This hesitation is, no doubt, caused by the fear that mercury will do mischief in some way or other. But if proper precautions be used, such fears are groundless, and to wait for further manifestations is, from my point of view at least, decidedly unreasonable. I regard the induration as a symptom of the contamination of the system, as significant in this respect as any eruption, and I firmly believe that the earlier mercurial treatment is adopted after the diagnosis has once been made, the better the prospect of getting rid of the disease.

Having determined to administer mercury, the next question is, what is the best and most convenient method of using it, and what is the best preparation?

My opinion is that, in a general way, the most convenient

method of administering mercury is by the mouth, and that blue pill is the best preparation.

The patient must, of course, be carefully watched, and the dose must be reduced, or the medicine stopped for a time, if the least signs of salivation appear. Great care must be taken to avoid salivation, the production of which is not only unnecessary, but mischievous. Besides doing harm in other ways, its occurrence necessitates the premature cessation of the mercurial treatment, and this, in my opinion, interferes with the production of its good effects. To be throughly efficacious, the course of mercurial treatment must be a prolonged one. This is a point upon which I would lay great stress.

When I first began to treat syphilis, it was the fashion (whenever mercury was given) to subject the patient to a single course, extending perhaps, over a few months, and then to consider that nothing more could be gained from the medicine, and that its further use should be dispensed with.

Experience has convinced me that this view is erroneous, and that the practice based upon it is bad. If we wish to cure syphilis with mercury, the treatment must extend over two years; I mean that the medicine must be given during this time in courses of weeks or months, with certain intervals between them. As a general rule, I advise a six months' course at first, to be followed by an interval of a couple of months, during which time the medicine is discontinued. Another course of three months is then advisable, after which a longer interval may be allowed; a third and a fourth course, with an interval between them of three or four months, will complete the treatment. The carrying out of this plan requires much self-control on the part of the patient, and sometimes it is impossible to protract the treatment to this extent. Whenever circumstances are favorable for its adoption, every effort should be made to induce patients to submit to it. No patient should be allowed to marry until he has undergone such a course of treatment as I have just described, and has subsequently remained free, for one year at least, from any sign of the disease.

There are certain circumstances which contra-indicate the use of mercury, even when induration is actually present. It is seldom safe to give mercury to phthisical subjects, unless the chest affection is slight, and the patient's health is good in other respects. Iodide of potassium is generally to be used for these cases. When albuminuria exists, mercury must, of course, be withheld, unless there be reason to believe that the renal affection is due to syphilis.

No hard and fast rule can be laid down with regard to mercury for syphilis contracted by scrofulous subjects. If the symptoms of scrofula are not very severe, mercury may be given tentatively and in small doses. Iodide of potassium is the substitute, if the mercury appears to be mischievous. Profound anemia, and the existence of serious disease in any important organ, would contra-indicate mercury. As a matter of course, the least symptom of sloughing or phagedena would prevent any notion of mercury from being entertained; and if these complications set in during a mercurial course, the medicine must at once be discontinued.

While mercurial treatment is being carried on, especially when there is any ulceration about the mouth and throat, a few simple precautions are necessary. Alcohol and tobacco must be avoided, or used very sparingly. Exercise and fresh air tend to prevent salivation; and the skin should be kept perfectly clean. When any eruption appears, confinement to the house is desirable.

The early and continuous adminstration of mercury, in the way I have just recommended, appears in some cases to cut short the disease; that is to say, it prevents any further manifestations. Several instances illustrating the truth of this statement have occurred in the course of my practice. In one case, a man, aged thirty-five, presented a well-marked indurated sore, with indurated and prominent glands on both sides. I prescribed blue ointment locally, and blue pill internally. The latter has been continued for a year, and no secondary manifestations whatever have appeared. In two other cases, lately

under my care and similarly treated, six and eight months respectively have elapsed without any other symptom. As a matter of course, it must be admitted that such a result can seldom be attained, but I feel quite sure that the early and continuous administration of mercury invariably mitigates the severity of any symptoms that may present themselves.

As regards other plans of administering mercury, they all are accompanied by certain drawbacks. Inunction is doubtless an efficacious method, but is uncleanly, and patients do not like it. The mercurial vapor-bath is troublesome, its effects are uncertain, and very little mercury gets into the system, unless the patient inhales the vapor freely. It is, however, very useful in the treatment of cutaneous manifestations. As regards other preparations, I give the iodides of mercury for the later stages. They are not to be recommended for the earlier ones, when we wish to produce the effects of mercury alone. I need not say any thing about iodide of potassium, as the drug is useful only in the later stages, and I do not regard it as an antidote to syphilis. I never give it for primary and early secondary manifestations, unless mercury in any form is contra-indicated. Its good effects are often very striking in syphilitic bony lesions, and in syphilitic affections of the nervous system. (British Medical Journal.)

On the Contagion of Phthisis.—J. Henry Bennet, M. D., says (British Medical Journal): There is no ignoring the fact that the doctrine of the contagion of phthisis is rapidly gaining ground with the junior members of the profession, especially abroad, and that its general adoption would lead to much that is distressing to the patients, to their relatives, and to society in general.

If it were true that all or nearly all the cases of phthisis observed have their origin in contagion, as asserted by some prominent writers, such as M. Debove, the Paris hospital-physician, the fact must be accepted, however disastrous in its social bearings. It is asserted that, in a person having a constitution

hereditarily predisposed to consumption, or prepared by anemia from whatever cause, exposure to the breath and to the emanations of a consumptive individual leads to the inoculation, to the development of phthisis, and that most if not all cases of phthisis thus originate, that is, in contagion.

If this statement be correct we can not avoid the inevitable sequela. We must adopt the same preventive precautions with our patients as we do with those suffering from scarlatina or smallpox. Phthisis, however, is so much more universal a disease, causing, as it does, the mortality of from one seventh to one tenth of those who die in large Northern towns, that the result of such a pathological discovery would be infinitely more trying to society. Indeed, social relations would be all but disorganized, a consumptive person would be considered like a leper in olden times, one to be separated from his family, to be isolated, shut up. He must be refused admission into hospitals or asylums. He would have to live months, years, in a tent. His clothes should be destroyed, and whether he dies or recovers the home which he has inhabited should be burnt. It would be perhaps a charity to mankind to kill him at once, like an animal attacked with rinderpest; for, as the duration of the ordinary forms of phthisis may extend over years, during that period every time he breathed he would be filling the atmosphere with the germs of disease, wafted by the atmosphere to be scattered far and near. Such is the logical sequela of the doctrine of the contagion of phthisis carried to an extreme, as it is now being carried by many, especially in Germany and in France.

Fortunately, clinical experience shows that this doctrine is not the expression of facts; that, if phthisis be communicable from one individual to another—contagious, in a word—it is only so to a very limited degree, and under very exceptional circumstances.

In twenty-five years I have only seen one case that I could refer to contagion; and even that case might be otherwise explained. I have studied with care the history, and the personal and family antecedents of my patients, which was

comparatively easy in the class of life to which they belonged; and I have nearly always found the explication of their disease either in an antecedent lowering of vitality, produced in a hundred different ways, or in hereditary predisposition, without its being necessary to have recourse to contagion. I may say that I have lived with numbers of these consumptives in the large hotel which I have always inhabited, and have attended shoals of them living in other hotels, or in small boarding-houses, or in villas. Often these consumptives passed their lives, especially the continental ones, notwithstanding my persistent advice, in badly ventilated rooms, surrounded by relations and servants, who lived with them for many months consecutively, for half the year; and yet I can not recollect a single case of evident contagion occurring at Mentone among them.

The experience of my colleagues at Mentone, twenty-three in number, is the same as my own. At our Medical Society, of which I have the honor to be president, we have repeatedly discussed this question, and all agree with me that, with here and there an exception, they have not seen phthisis propagated by contagion. The few cases they have observed capable of bearing this interpretation have generally also been capable of being otherwise explained. Dr. Schnyder, the learned medical resident of twelve years of the well-known baths of Weissengen, near Berne, in Switzerland, where many hundred consumptive cases congregate every summer, has only seen four or five instances during that lengthened period that seem to favor the doctrine of contagion, and those admit of other explanation. Yet at Weissengen they are aggregated all day in rooms small for their number and are constantly spitting about, in-doors and out, as continental people do, without any disinfection being resorted to, at least until quite recently.

I do not deny the contagion of phthisis, far from it, I accept it in certain conditions and limits, bacilli or no bacilli; but I do not consider it to be the regular habitual cause of phthisis, as asserted by many. Like all the seniors, I am watching with interest the labors of our juniors, ready to accept any change of

doctrine they may present to our notice the moment its truth is proved. Such doctrinal changes must be founded, however, on clinical experience, as well as on microscopical research. In the meanwhile, as I have repeatedly stated, the contagion theory will help on powerfully to the general acceptance, in health and disease, of the physiology of respiration. It is still shamefully ignored in the routine of daily life as well as in the sick chamber by medical men as well as by their patients.

THE ASPIRATOR AS A MEANS OF DIAGNOSIS AND TREATMENT IN DISEASE.—F. Bowreman Jessett, F. R. C. S., London, spoke as follows before the British Medical Association (British Medical Journal) on the Aspirator as a Mode of Treatment.:

Dr. Dieulafoy lays down the following law as the result of his experience, and I do not think we can do better than act by it. "When a fluid, whatever be its nature, gathers in a serous cavity, or in any organ, and when that cavity or that organ is accessible without danger to the patient, our first care should be to withdraw that liquid; if it again form, it must be again withdrawn, repeating the operation frequently, if necessary, till the serous membrane is exhausted by this purely mechanical and quite inoffensive means, and without attempting to modify the secretion by irritating and sometimes dangerous agents." The principles of this rule are undoubtedly good, but I think the latter part of it may be somewhat modified; I refer to not attempting to modify the secretions. I think, without doubt, that much good may be effected by washing out cavities that have contained collections of pus with some disinfecting fluids, and, in some instances, I have no doubt it is advisable, to inject fluids that will set up a certain amount of inflammation in the cavity.

The diseases in which aspiration may be employed with success may be divided into five groups:

1. Fluids accumulating in serous cavities: that is, hydrocephalus, hydrarthrosis, pleurisy, empyema, pericarditis, and effusion into synovial cavities.

2. Fluids formed in deep parts of organs: abscesses in hydatid tissues of the lungs or liver, cysts of spleen, omentum, ovarian cysts, retention of urine, strangulated herniæ.

3. Liquid formed within the cellular tissues of various regions: congestive abscess, bubo, perinephritic abscess, iliac or psoas abscess, periuterine abscess.

4. Collection of air or gases in cavities or organs: for, example pneumothorax, tympanites, and strangulated hernia.

5. Removal of *débris* from the bladder after lithotrity, and diagnosis of tumor in the bladder.

Effusion into the Pleura. There can be no doubt, I think, that when fluid is formed in the cavity of the pleura, the quicker it is removed the better; that is, if it can be done without danger to the patient by the admission of air into the chest. How often one meets with chest deformity, the result of old pleurisy, where the fluid has either been allowed to remain in the chest, till such time as absorption has taken place, or till it is found that the fluid still continues unabsorbed, notwithstanding the use of medicine and internal absorbent applications, when it is removed by tapping; not, however, until the lung is compressed, and in very many cases bound down by adhesive inflammation and by bands of lymph. When once the physician is convinced that fluid is secreted in the pleural cavity, even in the acute stage, I am convinced that the sooner the fluid is removed by aspiration or by siphon-tube the better; and even if the operation have to be repeated two, three, or four times, yet no mischief is likely to arise from the operation. On the contrary, by relieving the pressure on the venous circulation, the congested state of the lung will be relieved, and the patient be in a much more favorable position for recovery. In cases of chronic effusion, where the lung is already compressed, then it would be wise to remove the fluid as early as possible and give the lung a chance of expanding again and regaining its functions. The same rule applies in empyema; but in this case I think much good can be done by washing the pleural cavity out with some weak antiseptic lotion.

In chronic cases, great care must be taken not to remove the fluid too quickly; in fact, you can not be too cautious, as there is always a fear of syncope ensuing. The reason of this is obvious, as the lung on the diseased side being bound down, and possibly diseased, or in parts in a state of collapse, the healthy lung can not adapt itself at once to fill the cavity which has been emptied, and venous congestion and syncope are very likely to take place. Dr. Douglas Powell, Dr. Godrich, Dr. Behrer, and others, have drawn attention to this point. I can not, however, but think that the danger from this source has been somewhat overrated; at any rate, out of a number of cases I have seen operated on, I have never seen any dangerous symptoms take place. Neither can I understand how such a state of things could take place; as it is evident that, unless very great suction-power be exercised, it would be impossible to draw out the fluid so as to give a vacuum in the chest. The aspirator that Messrs. Maw & Co. have made, and which I now have the pleasure of introducing to the notice of the Association, at any rate obviates all risk of such an accident, as by it you have the reservoir completely under control, and you can exercise any amount of suction you like.

In case of chronic pleurisy, however, I should prefer aspirating the chest on more than one or two occasions, and emptying little by little, and so giving the damaged lung time to recover itself without putting any very great extra labor on the lung on the sound side.

Dr. Godrich has drawn attention to the fact that he has seen the lung wounded on more than one occasion. This may be obviated by using a needle with a sheath to it; so that, as soon as you have introduced the needle into the chest-cavity, you can withdraw the point of the needle into the sheath; or the needle may be bent over at an angle of about 40°, so that the lung shall not be drawn upon the end of the cannula.

In cases of empyema it has been objected that, although you may empty the chest again and again, yet the pus will rapidly reform; and that therefore it is far better to perform para-

centesis with an ordinary trocar and cannula, and to introduce a long drainage-tube, the end of which is to be emptied under a solution of some antiseptic. It is urged that in this way the chest-cavity can thus be kept washed out as often as is required. I can not myself see any advantage in this, as the chest may be aspirated and washed out as often as necessary without any danger to the patient's life. Other surgeons advocate a free incision in one of the intercostal spaces, and emptying the chest.

Pneumothorax. In some cases of traumatic pneumothorax, I think aspiration may be practiced with the best possible results. Dr. Herbert Page has published a case in which, owing to a wound of the lung caused by the in-driving of a fractured rib, there was pneumothorax, with total collapse of the right lung. There was great dyspnea and collapse. The chest was punctured, four hours after the accident, by Dieulafoy's cannula; and, on exhausting the air from the pleural cavity by means of the pneumatic aspirator, immediate improvement in the condition of the patient followed. At the time of the operation, blood was drawn into the receiver; and an examination of the chest on the day after the injury revealed dullness on percussion at the base on the left side, due to the presence of blood. The aspirator was used three times subsequently, for the removal of the blood and the further withdrawal of air from the pleura. The patient made a good recovery. Dr. Page, while admitting the advantages of the use of the aspirator in these cases, drew attention to a possible source of danger from hemorrhage into cavities exhausted of their contents by the aspirator. There can be no doubt that, in a case of wound of a vessel in the lung by the broken rib, accompanied by pneumothorax, the withdrawing the air from the pleura might, and probably would, encourage bleeding from the wounded vessel; but here, as in effusion of fluid into the pleura, I would urge the great importance of withdrawing the air very gradually, and not attempting to empty the chest-cavity entirely at the first aspiration. If this precaution be taken, I can not think there is any very great risk

of increasing the hemorrhage. At any rate, as in the case related by Dr. Page, the relief given quite out-weighed any danger there might be from such a source.

Pericarditis. Removing fluid from the pericardium by means of aspiration, in effusion into the pericardium, has been now practiced in this country pretty often, but very much more so in France and Germany. Mr. Bartlett, of Birmingham, tapped a case of Dr. Russell's, who was suffering from acute rheumatism, urgent dyspnea being the prominent symptom. He withdrew fourteen ounces of fluid, and the patient did well. Dr. Shingleton Smith also reports a case in which he removed a quantity of fluid from the pericardium, and the patient made a good recovery.

Ascites. There can be no doubt of the use of the aspirator in removing fluid from the abdominal cavity in cases of ascites. The advantages over ordinary tapping are that the fluid can be withdrawn slowly and gradually, and can be stopped directly the patient shows the least sign of faintness or dyspnea. The operation is so simple that it can be repeated again and again without any fear of setting up local inflammatory mischief.

Liver. There is, perhaps, no organ in the body which is so subject to abscesses and hydatid cysts as the liver; and in these cases the aspirator can be introduced, the abscess or hydatid emptied, and the patient in all probability cured; at any rate, he is put in a very much better position than he could possibly be by any other mode of treatment. Before the aspirator was invented, in cases of abscess of the liver, we were obliged to wait until there was adhesive inflammation, causing the peritoneum covering the abscess to adhere to the parietal peritoneum, before the surgeon could venture to open the abscess either by the lancet or by the trocar and cannula. Abscesses have often emptied through into the peritoneal cavity, with the result of the death of the patient, or they may have burst into some portion of the intestine, and so emptied themselves, in which case the patient usually recovered; they may perforate the diaphragm and burst into the lung, the pus being expectorated,

and here again many patients have recovered. While, however, the abscess was eating its way into these organs, the patient's strength often failed and he died.

The introduction of the aspirator has happily been the means of our saving many poor sufferers from months of agonizing pain, and also very many have been restored to health by its early application. I think it can not be too forcibly impressed upon every physician or surgeon, that, if a patient present himself who has a circumscribed hard swelling in the liver, the nature of which is doubtful, it should at once be punctured with the aspiration-needle, and, if it should turn out to be an abscess or hydatid cyst, by means of the pneumatic aspirator the cavity can be emptied. Again, I would go further and say that, if the patient present any symptoms of hepatic abscess, and if there be any one tender spot traceable over the liver, the surgeon is quite justified in puncturing the liver at the tender spot, with a view of discovering an abscess.

Surgeon-Major Condon has recorded twelve cases that came under his notice and treatment: seven perfectly recovered and five died; of these five he points out that, "Four of them were in a dying state when received by me under treatment, and the operation was merely resorted to as a *dernier ressort*, and with the satisfactory results of relieving suffering and prolonging life." In one case he tapped an abscess fourteen times, when a second abscess was discovered, which was tapped sixteen times, and the patient was enabled to be removed to a P. & O. steamer and conveyed to England, where he died. Mr. Condon remarks that the enormous quantity of pus taken from his liver (about four hundred ounces) is, he believes, the largest quantity taken from a human liver on record. Numerous other cases have been reported by Sir Joseph Fayrer, Dr. Ball, and others. Dr. Beahmy has practiced it in many cases, and all but one were successful, in which case he did not reach the abscess.

In some cases recorded, when liver-abscess was suspected, the liver was punctured sometimes several times, and no abscess was discovered; but the patients were very much relieved by

the operation, the pain disappeared, and the distressing symptoms were much alleviated.

Dr. Heaton reports a case of hydatid of the liver successfully treated, and draws attention to the advantage of this instrument over the trocar and cannula, as in the latter you have to set up adhesive inflammation of the peritoneum before tapping. Cases also have been reported by Mr. Jessop, and also by many French surgeons.

Tympanites. Aspiration has been practiced successfully in extreme tympanites, and in emptying ovarian cysts; but I do not know that there is much advantage in this instrument over the trocar and cannula in these affections.

Distension of the Bladder. In distension of the bladder due to either impermeable stricture or traumatic rupture of the urethra, or either enlargement or cancer of the prostate, when it is found impossible to pass a catheter, I have had great reason to be satisfied with the use of the pneumatic aspirator, the bladder being punctured with a fine needle over the pubes; and here I recommend the use of a large curved needle, so that you can efficiently empty the viscus.

In one case I had under my care, of impermeable stricture of the urethra with retention of urine, in which I failed to pass a catheter, I emptied the bladder with the aspirator over the pubes; and in a few hours afterward, the spasm being relieved, the patient passed his urine by the urethra. I was enabled to pass a small instrument through the stricture, which I split up, and the patient made a good recovery.

Hernia. The French surgeons have practiced with good results aspiration in cases of strangulated hernia, and in our own country cases have been reported by Mr. Jessop, of Leeds, and others. The cases in which it appears to me that such a course might be adopted are those in which there is a collection of fluid in the sac which prevents the surgeon from being able to use direct pressure on the strangulated gut, and cases where there is a collection of flatus in the gut itself which increases its caliber and prevents its return. In such cases as these, it is

not difficult to see that great good might result by aspiration; and if, after removing the fluid in the sac or the flatus from the gut, we fail to be able to return the hernia, I do not think the patient is placed in any worse position for operation than before.

Dieulafoy reports twenty-seven cases in which he used the aspirator for strangulated hernia, twenty of which were successful reduction of the gut by taxis following the operation. In the remaining seven cases, it was harmless; and of these, three died, and four recovered after the ordinary operation for hernia.

At University College Hospital, seven cases are reported, one followed by reduction, and no fluid was withdrawn from the sac; yet the impulse returned and the patient recovered; in four it failed entirely; in three of these the ordinary operation was performed successfully; the remaining case was mentioned at the time of operation. At the *post-mortem* examination no gas could be squeezed from the punctures of the needle.

Joints. In cases of effusion into the joints, much has been said and written, but I think now, in France especially, the importance of removing fluid from synovial cavities is fully recognized; and in this country it is practiced very much more frequently that it was a few years since. In a discussion that took place some years ago at the Academy of Medicine, Paris, in which Drs. Verneuil, Demarquay, and others took part, the conclusions arrived at were that pneumatic aspiration in hydrarthrosis of the knee-joint, both in its acute and chronic form, is a most useful remedy. In the acute, when the pain is most severe, owing to dislocation of the capsule of the joint, and in the chronic form, that will not yield to any other treatment, the method of performing the operation is, I think, of great importance. An elastic bandage should be applied both above and below the knee, or broad strips of plaster would do nearly as well. These should be drawn tighter as the contents of the joint are withdrawn, which takes place very slowly, owing to the viscidity of the fluid. The cannula should be from a one twentieth to one twelfth of an inch in diameter, and the puncture should be

made in an upward direction, but at the external edge of the patella. When the joint is emptied, a little styptic collodion is painted over the puncture, a small pad of antiseptic gauze or lint placed over, and the whole joint evenly strapped up. The leg should be bandaged, and, if thought necessary, an ice-bag is applied to the joint, and the limb for a day or two kept at perfect rest by the application of poroplastic splints. Mr. Jessop has practiced aspiration successfully in pyemic abscess of the hip and knee-joints, and has also reported cases of pneumatic aspiration in ordinary dropsy of the knee-joint. In cases of fractured patella, with either effusion of serum or blood, Mr. Christopher Heath has now for some time practiced emptying the joint by aspiration before putting up the fracture; in this way he has obtained most happy results.

Abscesses. Deep abscesses of the thigh or ilium, lumbar and psoas abscesses, may all be well treated by aspiration. (British Medical Journal.)

THE COMMUNICABILITY OF TUBERCULOSIS.—M. Vallin read, before the "Société Medical des Hopitaux" of Paris, a report on this subject, which is thus summarized by the Journal of the American Medical Association: A phthisical patient should occupy a bed, and, if possible, his apartment, alone. Two arguments may be employed to effect this end: the danger to the healthy person of contamination, and the importance to the invalid of fresh air, unfouled by the breath of another. Children in particular should not be allowed to share the bed or room of a consumptive. The danger is enhanced if they are recovering from measles, bronchitis, or any other pulmonary affection that is attended with abrasion of the epithelial lining of the air-passages. Ulceration of the buccal, pharyngeal and laryngeal membranes, due to phthisis, appear to be specially prone to disseminate the disease—a fact so generally recognized by experimenters, that inoculations are now made directly into the peritoneal cavity. Verneuil's statement, that tuberculosis of the genital organs is particularly liable to propagation, though

not yet proven, is probably correct. Hence, consumptives should be restricted in their sexual relations. For this and other reasons a tuberclous woman, or one predisposed to the disease, should be dissuaded from marrying, especially from nursing her offspring. In this respect the views of the Commission accord with those of the best obstetricians, who regard pregnancy and the *puerperium* as likely to favor the development and progress of destructive processes in the lungs. (See Playfair, Lusk, Spiegelberg, Schroeder, etc.) It is a mooted point whether or no the milk of a phthisical mother can infect her nursling; but this seems improbable unless the mammary gland be the seat of disease. However, M. Vallin suggests that great precaution be exercised in the consumption of milk and flesh of tuberculous animals, and that they be not admitted as articles of food before having been thoroughly cooked. The real prophylaxis of phthisis consists in the disinfection of the *sputa*. For this purpose are recommended solutions of chloride of zinc, ℥jss to the pint of water and glycerine, of chloride of lime, thymic, nitric and carbolic acids, or sulphate of copper. The fresh *sputa* are particularly resisting to the action of disinfectants, being unaffected by a solution of the bichloride of mercury of the strength of one part to two hundred. The experiments of Schill and Fischer, detailed in the Medical News, September 19, 1880, prove that the *sputum* of tuberculosis retains its virulence from three to seven months. As dried *sputa* are particularly dangerous as particles floating in the atmosphere, it is highly important that the apartments and clothing of consumptives be thoroughly disinfected. *Fomites* should be treated with steam at 212° F., and until so treated, scrupulously protected from the air within closed vessels. Rooms where phthisical patients have died, or resided long, should be fumigated with burning flowers of sulphur, ℥vijss to the cubic yard of space. Barracks, hospital wards, health resorts, etc., should from time to time, at least once a year, be likewise disinfected. When a patient leaves his apartment by day it should be thoroughly aired and heated. If ventilation be properly conducted, there need be

no danger to the inmate, and by night this is very necessary in order to avoid confined air. Patients should not be allowed to expectorate into handkerchiefs and the like, or on the floor, but into receptacles filled with wet sand or sawdust, or, still better, with disinfectant solutions. In conclusion, the report stated that while the communicability of phthisis from one person to another is not proven, it is so probable as to render strict prophylaxis an imperative duty.

The foregoing fair statement of the present status of the investigations concerning the communicability and prophylaxis of tuberculosis, naturally leads to the inquiry, how it has happened that a strictly contagious disease, with abundant infectious sputa, has existed for centuries in every civilized nation on the globe, with perfect freedom of intercourse both in families and communities, without having long since infected and destroyed the whole human race?

And how is it that physicians examine minutely tuberculous patients and their sputa almost daily for years without the slightest harm? Or why is it that both physicians and nurses, in daily attendance on hospital wards constantly occupied by tuberculous patients, show no greater ratio of attacks of the disease than those who never enter such wards?

NIGHT TERRORS IN CHILDREN.—The picture which a child suffering with this condition presents is somewhat as follows (Moizard, in the *Res. mens. des Mal. de l' E.*): The child, say from three to six years of age, has gone to sleep apparently in his usual health. Two or three hours later he suddenly rises up in bed, with his eyes wide open, and evidently fixed upon some terrifying object; this may be to his imagination a monster, robbers, etc. His cries are pitiful, his words incoherent, and he fails to recognize friends who are around him. This condition may last from five minutes to half an hour; then comes a period of calm, he falls asleep again, and the next day is as well as ever, without recollection of the experience of the previous night. No convulsions have ever been observed as accompani-

ments to it. West relates the case of a child, eleven months old, who was troubled with gastro-intestinal disease attributable to dentition, who was in the habit of having seven or eight attacks in a single night. The accident usually happens several nights in succession, during a period of five or six weeks, and cases are related in which it has continued during a much longer period. The phenomena of somnambulism are sometimes observed in connection with this condition. It usually occurs in nervous, impressionable children, and very often in those whose constitution is weak, or who have been brought up in defiance of the rules of hygiene. The author divides the sufferers into two classes, according as there exists or does not exist a permanent lesion of the brain. In the latter class the most frequent cause of the trouble is to be found in disturbance of digestion. This reflex disturbance of the cerebral circulation is believed to be more frequent in children than in adults, and this, notwithstanding the fact that insomnia, somnolence, vertigo, vaso-motor disturbances, hysterical and other morbid phenomena are well-known results of digestive disorders in adults. The morbid action is directed upon the vaso-motor nervous system, and the author mentions as causative elements too much or too exciting food, too much alcoholic liquor and constipation. As to dentition, night terrors are much more frequently observed during the first than during the second dentition. Less frequent causes are intestinal worms, the irritation of certain skin diseases, and the absorption of certain drugs—belladonna, stramonium, and quinine being mentioned as examples. In the other class, in which cerebral lesions form an exciting cause, night terrors may be a preliminary indication of tubercular meningitis, cerebral sclerosis, cerebral tubercles, epilepsy, and hysteria. The prognosis is usually favorable excepting in cases in which severe cerebral lesions are present. The treatment should vary in accordance with the determining cause. Certain hygienic precautions of both physical and intellectual character should be observed in all cases. All cerebral excitement must be avoided, whether it be caused by the reading of

fascinating books, or by listening to stories of a terrifying character. The subject should not be left alone in his bed-room, and when an attack comes on he should be soothed and sympathized with. Regular and healthful exercise should be insisted upon, and the diet should be light and unirritating. If dyspepsia co-exists, alkaline preparations, pepsin, or the tincture of nux vomica may be given. West is in favor of suitable doses of bromide of potassium and chloral for a calmative effect upon the nervous system. Quinine is also recommended as a useful drug in many cases. If the gums are hot and swollen, it will be eminently proper to relieve them by incision. (The Archives of Pediatrics.)

HYSTERIA IN CHILDREN.—Schafer is quoted by the *Arch. f. Kinderh.* as follows: The phenomena which are presented by children suffering from this condition are as varied as those which are seen in adults. With reference to disturbances of sensibility of the nervous system, there may appear hyperesthesia, anesthesia, and paresthesia, and these may be manifested by great sensitiveness to pressure in various localities, neuralgic pains, especially about the head and face, and painful joint affections, under the head of hyperesthesia. Under the head of anesthesia may be a general or local insusceptibility to pain, with more or less obtuseness of the senses in general. Paresthesiæ are seen mainly in the form of perverted sensations. In the domain of the motor nerves great variety is also manifested. The spasms may be either tonic or clonic, and embrace one or several muscles or groups of muscles. Not alone are the skeletal muscles thus involved, but the affection may include the muscular apparatus of the stomach, esophagus, vocal organs, and other organs of the body, and give rise to vomiting, stricture, cough and other phenomena. Hysterical paralyses are usually limited to the extremities of one or both sides, and are not infrequently associated with anesthesia, as in the genuine affections. Vaso-motor changes may also be a feature of this condition, leading to abnormalities in the blood-supply of parts

and organs. Increased or diminished activity in the secreting power of the sweat glands may be mentioned in connection with this portion of the subject; also increased or diminished functional activity in the salivary glands, kidneys, and intestines. The psychical condition of an hysterical child is usually a disturbed one; he is apt to be irritable, egotistical, and unnatural, but there is seldom a development into insanity. The prognosis is somewhat better among children than among adults, still in children of an inherited hysterical tendency the prospects of complete recovery are not flattering. Remissions, however, of varying duration may be looked for, even in cases which do not promise well in regard to ultimate recovery.

Treatment: In regard to treatment, it should be remarked that prevention is often possible by careful attention to education, hygiene, etc. Plenty of exercise should be insisted upon, the mind should be directed away and apart from itself; especially should masturbation and other hurtful habits be guarded against. As to medicines, they are to be avoided as far as possible, the anti-hysterical drugs, valerian, assafetida, galbanum, bromide of potash, and musk, being only for extreme cases. Electricty and cold baths will often prove to be useful and tonic in their effects. During an hysterical spasm care should be taken that the patient does not injure himself, but sympathy should be withheld. In severe cases it may be necessary to administer chloral, chloroform or morphine; in others the free application of cold water to the surface of the body will be effective. In all cases the condition may be more effectually treated apart from the sympathy and credulity of home and friends. (*Ibid.*)

THE RESOLVING ACTION OF CALOMEL IN VERY MINUTE DOSES IN THE TREATMENT OF PNEUMONIA.—Chapois writes, in the *Bull. Gén. de Thérap:* The value of this means was suggested to the author by his experience with a case of pneumonia in a child twelve years of age, in which blisters, leeching, and other means of treatment have been unavailing. The eighteenth day of the

disease had been reached and still resolution had not begun, nor had the fever abated. It then occurred to him to try the administration of calomel, in doses of two milligrams, every hour. Twenty-four hours later the patient was revisited, and was found to have a moist skin and a pulse of eighty per minute. The tongue was also moist and a sub-crepitant *râle redux* could be heard over the affected lung. Recovery followed without interruption. The same treatment was subsequently used by the author in many cases of pneumonia, at all ages, with complete satisfaction. The phenomena which usually follow the use of this agent for twenty-four to forty-eight hours are the following: Moisture of the skin, then of the tongue and the mouth; next a diminution of body heat, and of the sense of oppression. After fifteen or twenty doses have been taken there may be a fluid evacuation of the bowels. The author does not claim that calomel is a specific for pneumonia, and in some cases other remedies will answer equally well. The advantage of the very small doses is that a different end is sought from that which is manifest when purgative doses of calomel are given, the effect of the latter being to prostrate the individual already greatly weakened. Given in such small doses absorption is favored, the salivary glands, the liver, the intestinal, and other mucous glands, also the glands of the skin, are stimulated, in a word, there is a general derivative action. (*Ibid.*)

TREATMENT OF ASIATIC CHOLERA.—The prophylaxis of individuals (*Repertoire de Therapeutic Medicale*) who can not leave the choleraic homes consists simply in not deviating from the general laws of hygiene. It is, above all, necessary to preserve the ordinary habits of life. It is just as perilous for persons habituated to the use of alcoholic drinks to abstain completely as for a sober individual to enter into excesses. A gradual return to a healthy hygiene, if one was in the habit of swerving from it.

The greatest cleanliness in houses, in the preparations of food, or in the choice of beverages. If the source of water is

unknown, it is best to heat and filter it. Preventive medicines should be used with the greatest caution, lest they irritate the stomach, or cause an undue excitement of digestive tube. We would not even advise the use of copper, though strongly recommended by the distinguished Dr. Burq, the metallotherapeutist.

We have great faith in the use of gaseous or atomized disinfectants. An exposure of a few minutes to the gases of hypoazotic acid, to atomized phenic acid or boric acid would be an excellent practice, it would at least prevent one from becoming the vehicle for transporting the disease.

Curative treatment. We must distinguish the treatment of the prodroma and of confirmed cholera:

(*a*). Treatment of prodroma: These are digestive or nervous troubles. If troubled digestion, if painful and slow, resort to immediate and absolute repose, and place in the best possible hygienic condition, and give four, six, or eight drops of some anodyne.

If there is colic and diarrhea, repose in bed, cataplasm upon the abdomen, warm bath, astringent drinks of sulphuric lemonade. If the symptoms are intense, resort to bismuth, or even opium. Powdered opium, twenty-five milligrams.

Subnitrate of bismuth, one gram to be given at once, and repeated every two hours. Sleep must not be interrupted. Against the nervous symptoms opium is also the best; antispasmodics and warm bath may be added.

(*b*). Treatment of confirmed cholera. Here again the less intense must be distinguished from the grave symptoms.

The frequent evacuations and algidity must be at once combated.

Begin by giving fifteen to twenty drops of Sydenham's laudanum in a little water, even forty drops may be given in twenty-four hours. At the same time enemas of a decoction of rhatany and laudanum, small quantities of ice, of champagne frappé.

The uncontrollable vomiting can sometimes be arrested by sinapisms over the stomach, or instantaneous blistering of the

abdomen with spirits of ammonia or chloroform. A piece of punk saturated in chloroform placed on the stomach will cause vesication in five minutes. If the symptoms improve, give a little warm tea of mint or warm wine, also the following prescription:

℞. Ether, ... 1 gram;
Acetate of ammonia, ... 4–8 grams;
Tr. of anise seed, ... 4 grams;
Julep, ... 125 grams.

While these remedies are being prepared, aromatic frictions may be employed, sinapism, massage, urtication, application of hot water, a flannel dipped in turpentine placed on the stomach and a hot smoothing iron run over it.

In very grave cases, when absorption by the digestive tube is entirely gone, hypodermic injections of ether or of morphine may be tried, atomizing with alcohol.

If reaction has taken place, an expectant treatment is advisable.

The résumé of the above is, briefly, when called to a case of Asiatic cholera: (1) Produce heat by all possible means, externally by friction, hot applications, internally by warm punch, champagne. (2) When there is vomiting and persistent purging, give injection of rhatany, laudanum, ice, also subcutaneous injections of ether and morphine. (3) When it is evident that no absorption is going on, rely upon subcutaneous injection and atomization of alcohol. (St. Louis Med. and Surg. Journal.)

The Treatment of Ringworm.—Alder Smith, F. R. C. S., London, writes, in the British Medical Journal, on this subject as follows: I have been trying for some time to find out what vehicle penetrates most deeply into the hair-follicles, and think it is chloroform. Chrysophanic acid is a very good parasiticide; and, though it is insoluble in spirit and ether, yet it is soluble in chloroform. Chloroform also dissolves the fatty matter out of the hair-follicles, and thus allows the parasiticide dissolved in it to penetrate deeply. During the last year I have used a solution of seven grains of the acid to the ounce of

chloroform to all cases of recent ringworm, and believe it is the most efficient treatment I have yet tried.

The small patches should be carefully marked out by cutting the hair very closely on them, and the chloroform solution should be well pressed and dabbed into the places with a minute sponge-mop for five minutes, two or three times a day, according to the amount of irritation produced. The aim of the treatment is not to produce scabs, but to get the solution to penetrate deeply. The sponge-mop should not be much larger than a big pea, and should be continually dipped into the chloroform-bottle, as the solution soon evaporates while it is pressed into the diseased spot, and leaves the yellow acid dry on the place. Great care must be taken that the solution does not run on to the forehead or into the eyes, and that the person using it does not inhale the vapor. I always give full directions about the care necessary in using such a potent remedy, and only apply it to small places of the disease. It is well for the nurse to keep her face away from the sponge, and to use the chloroform in a current of air, and not in a small room. The places should be well washed every morning with hot water and soap, to remove any sebaceous matter or crusts, and the hair should be kept closely cut on them till the new hair appears, which is generally in about two to three months; but the remedy should be continued till all diseased stumps have come out.

Paracentesis Thoracis as a Therapeutic Agent. — W. Henry White, M. D., Assistant Physician to the Royal Hospital for Diseases of the Chest, read a paper on this subject before the British Medical Association, from which we copy the following: In all cases of pleuritic effusion, whether in those in whom the physical signs are such as to place the diagnosis beyond question, or in those where equivocal signs lead to hesitation as to the existence of fluid, it is advisable to insert a small needle for diagnostic purposes; for the value of this procedure is, that in the former class of cases it demonstrates the character

of the fluid, while in the latter it, generally speaking, settles the question of existence or non-existence of fluid. This puncture is as harmless in my experience as it is valuable; but care should, of course, be taken that the needle should be suitable in caliber and thoroughly clean.

1. In pleuritic effusion, early evacuation of the fluid is advocated by the siphon principle, discarding the aspirator.

2. In empyema, pus should be withdrawn at once, by the siphon or by the aspirator, with the use of the manometer, and the pleural cavity irrigated.

3. Incision is called for where large empyemata have existed for some time in old or rigid chests, or where irrigation, having been practiced several times, has failed.

4. Where incision fails to effect a cure, resort must be had to resection of ribs.

5. Paracentesis, with drainage, should be employed in the treatment of lung-cavities. (British Medical Journal.)

TREATMENT OF THE INITIAL PHENOMENA OF SCARLET FEVER WITH SULPHATE OF QUININE.—Diberder, in *Jour. de Méd. de Paris*, writes: In the development of scarlet fever it is noticeable that the fever follows a regular course, with exacerbations which recur periodically. Paying attention to these intermissions, and administering sulphate of quinine from the beginning, it was observed by the author that the intensity of the fever was lessened and the recurrences were retarded until the eruption had almost disappeared. Each recurrence attended or called forth renewed activity in the development of the eruption, the last recurrence being the most marked one. It is without danger, however, if the quinine has been given in suitable doses. In severe cases of the disease it is believed that quinine lessens their gravity. The accidents which follow scarlatina are due to a retention of the poisonous principle in the blood, which acts similarly to the poisonous principle in malarial fever. The difference between them consists in the rapid progress of the scarlatinal elements. Quinine given as a preventive is a most

effective means for this purpose, or for combating them when they have already appeared. The author believes that he is the first who published a recommendation of the use of quinine in this disease. In severe cases he recommends the daily use of a gram of the sulphate of quinine, for two or three days, or until the exacerbations have ceased. (The Archives of Pediatrics.)

CLUB-FOOT: IS EXCISION OF THE TARSUS NECESSARY IN CHILDREN?—Dr. de Forest Willard, M. D., Lecturer on Orthopedic Surgery, University of Pennsylvania, read a paper on this subject before the Medical Society of Pennsylvania, which he concludes as follows: (1) Even severe cases of talipes should not be considered incurable by moderate means, simply because they have relapsed after imperfect treatment by either surgeon or patient. Careful supervision may still accomplish a good result. (2) In children under ten, even in extreme degrees of deformity, powerful manual force, with subcutaneous division of all the contracted tissues, will restore the foot without section of the bones, and should be first attempted. The degree of force required may be very great, but even if carried to rupture of tarsal ligaments, still leaves the injury subcutaneous. Should the hand fail, screw power is allowable. (3) Fixation in gypsum splints in the straight position for a few weeks, followed by persistent manipulation and the use of apparatus, will give a better walking foot than is attainable by resection. (4) Tarsotomy is a valuable operation in cases which defy ordinary treatment, especially in adults, where the bones are irreducible and the ligaments strong. The operation should always be done antiseptically. The removal of a wedge-shaped piece is preferable to either excision of the astragalus or of the cuboid, the latter giving the poorest results.

THE TREATMENT OF GOITRE.—Dr. Morell Mackenzie read a paper on this subject. After pointing out the extreme importance of carefully distinguishing the various kinds of goitre, and

excluding exophthalmic goitre from consideration, he maintained the following propositions: (1) Simple goitre (enlargement of the thyroid body) of recent origin and occurring in young persons can, in the absence of endemic influences, generally be cured by the administration of iodide of potassium, and in many cases by counter-irritation. (2) Fibrous goitre is best treated by parenchymatous injections of tincture of iodine. (3) Cystic goitre can be most readily cured by conversion of the cyst into a chronic abscess, which is effected by emptying the sac, injecting a small quantity of a solution of perchloride of iron, and allowing it to remain within the sac for three or four days. (4) When the cyst is of considerable size it should not be emptied at once, but should be tapped two or three times before the injection is used. (5) Removal of the thyroid body is a dangerous operation which should never be performed for mere cosmetic purposes, nor even for the relief of urgent dyspnea, except when less radical measures have failed. (British Medical Journal.)

Gallic Acid in Hemorrhages of the Urinary Organs.— It is the best hemostatic in hematuria, but it must be given in large and frequent doses, for it is rapidly eliminated with the urine. Its use will arrest the bleeding from the mucous lining of the renal pelvis, of the ureters, of the bladder and the urethra ; it acts also favorably in fungoid tumors of the kidneys, of the ureters, bladder, in hypertrophies of the prostate with large vascular dilatation. The best way to give it is with glycerine one fourth. (St. Louis Medical and Surgical Journal.)

Cold Water Treatment of Typhoid Fever.— Heubner, of Leipzig, uses baths, not only or even chiefly on account of the high temperature, but also for their reflex action on the vessels of the skin, for which purpose they must sometimes be lukewarm, or even warm. For young and robust patients he often orders cold baths, often lasting from fifteen to twenty minutes; but when the temperature is low, or the patient either a child or

an aged individual, a warmer bath is necessary, followed, however, in all cases by cold affusion over the head and heck. He never disturbs his patients when asleep in order to give a bath. He concludes his article by recommending small doses of calomel to be given early in the illness, as in the form of corrosive sublimate, into which it is changed as it passes through the organism, it will act antiseptically on the materies morbi. (Practitioner.)

FOLLICULAR TONSILLITIS.—Dr. F. P. Atkinson writes, in the Practitioner, that the usual symptoms of this form of tonsillitis are chilliness, followed by heat and dryness of skin, pain in the head and limbs, more especially the shoulders, and occasionally there is congestion of the eyes and nose, together with herpetic eruptions about the lips. The temperature is above the natural, often as high as one hundred and three degrees. The tongue is coated, and on the tonsils, which are somewhat red and swollen, are some small, round, slightly elevated buff-colored patches. There is generally some pain in swallowing, but as a rule it is not very great.

Treatment: A mixture consisting of effervescing citrate of potash, with chlorate of potash, or biborate of soda, and sweet spirits of niter taken every four hours, and a gargle consisting of thirty grains of boracic acid; two drams of glycerine; and one ounce of the compound infusion of roses, usually affords distinct relief. The diet should be light and nourishing, viz., corn flour, milk, and beef-tea.

THE TREATMENT OF DIPHTHERIA.—Dr. Berleme Nix (Denmark) read a paper on the treatment of diphtheria. He maintained that diphtheria was a disease produced by a specific contagion. The disease was in the very beginning located in the throat. The organism caught the contagion from the false membrane. Against the false membrane the chief treatment is to be directed, paying all regard to the patient's state of health in general. It was of the greatest importance to begin the treat-

ment as early as possible. Caustics were useless, astringent and solvent drugs ineffective. Medicine was of no use, except, in some cases, tonics and stimulants. The treatment should be instrumental, and should combine isolation, strong food and stimulants and fresh air; cleaning of the throat by gargles; syringing with disinfectants; removal of the false membrane by means of the sharp spoon; followed by cauterization of the scraped surface with solid nitrate of silver. (British Med. Jour.)

CROUP AND DIPHTHERITIC ANGINA, AND ITS RATIONAL TREATMENT.—Dr. Alvares, in a monograph on this subject, is quoted in the *Revista de Ciencias Medicas* as saying: (1) The disease is infectious and parasitic in character (croup and laryngeal diphtheria being considered synonymous), and is due to the propagation of a micro-organism which is the *zygodesmus fuscus* of Letzerich, the *micrococcus diphthericus* of Klebs. The disease always presents local phenomena at first, and subsequently those of general infection. (2) The diagnosis is not complete unless diphtheritic membranes are found; there can be no true diphtheritic croup without them. (3) True croup, or laryngeal diphtheria is perfectly curable. (4) If the disease has not extended to the bronchi, the course is rapid and the result is assured. (We suppose he means that this is the case in approved instances, with approved treatment.) (The Archives of Pediatrics.)

SALT AND CHOLERA.—(*Journal des Medicines Suisses*, in St. Louis Med. and Surg. Journal.) (1) Inasmuch as the production of hydrochloric acid in a healthy stomach is sensibly augmented by the ingestion of culinary salt, and that during an epidemic of cholera persons enjoying good digestion possess the best preventive against its attacks, it may suffice simply to add a teaspoonful or two of salt to the ordinary condiments in use to act as a perfect prophylactic. (2) A stomach in which the quantity of hydrochloric acid is pathologically diminished should receive three times a day a dessertspoonful of salt. (3) Where

there is an excess of acid, it is useless to take the salt. (4) Excess of drinks of any kind should be avoided, as it dilutes too much the gastric juice, and thus impairs digestion.

Treatment of Diabetes with Nux Vomica and Mineral Acids.—This has been successfully administered to three diabetic young men, conjointly with ordinary regimen, that is, with meat, green vegetables, but abstinence from farinaceous food. It is thought that the action is due to its effect upon the atony of the stomach. Besides these three cases, good results by other physicians in many cases, both in private and in hospital practice, are reported. (*Ibid.*)

Laparotomy for Volvulus.—Dr. Medini performed laparotomy in the Ospitale Maggiore of Bologna, in April last, for twisting of the intestine. The operation was quite successful, and the patient (a male, aged sixty-three) may be considered cured. Notwithstanding the manipulation required to disentangle the intestinal coils, and to separate the adhesions between them, the case progressed without serious symptoms.

Chromic Acid in Ulcers of the Tongue.—J. Paget advised the use of a concentrated solution of chromic acid in the psoriasis of the tongue. Butlin used a solution (0.5 to 100) by means of a brush in the different varieties of ulcer of the same organ. The effect of chromic acid in secondary syphilitic ulceration was highly satisfactory, while the rhagades of the tertiary stage healed very kindly. (The Analectic.)

Cantharides in Incontinence of Urine.—Five drops of tincture of cantharides, three times a day, is a good remedy for children suffering from incontinence of urine. It renders the neck of the bladder sensitive, and the stimulus of the urine keeps the sphincter tonically closed till voluntarily overcome at the micturition time. In children, want of tonic contraction in the sphincter, and not excessive sensitiveness and spasmodic effort in the body of the bladder, is the most frequent cause of nocturnal enuresis. (Dr. Roche, in Lancet.)

Notes and Queries.

A Medical Fable.—Once upon a time a poor but humane physician was riding along a road which led by a dark forest, when he saw by the wayside a sick and miserable dog which had lain down to die. Moved with pity, he got down from his carriage, picked up the poor animal tenderly, and gave it some food and drink. Suddenly the dog vanished, and he saw standing before him a beautiful fairy.

"You have saved me from a miserable doom by your compassion," she said. "Command now any thing you wish and it shall be yours."

The astonished physician replied, "I am a poor man. I should like to be rich."

The fairy waved her wand, and extended to him a piece of paper and a bottle filled with a dark-colored fluid. "Here," she said, "is a prescription for an Infallible Compound Hair-Restorer. It will never fail, and it has been indorsed by all the leading clergymen on both continents. The world is yours! Do you wish more?"

"I am a quiet man," replied the doctor, "and little known. I should like to be famous."

"You shall be more; you shall be immortal." Waving her wand again, she presented to him a small, dark, and curiously shaped instrument. "See," she exclaimed, "it is a new and 'Unquestionably Perfect Pessary.' It radically restores every malposition. Your name is blown into the side. Generations of suffering women and successful doctors will read, and bless you. I have tried it myself," she added, blushing a little, and vanished. (Boston Medical and Surgical Journal.)

Harvey.—The Harveian Oration for 1884 was delivered by Dr. J. Russell Reynolds. The grandfather of the speaker, Dr.

Henry Revell Reynolds, delivered the Harveian Oration before the President and Fellows of the Royal College of Physicians one hundred and eight years before. We wish our space permitted our giving the address entire, but we are limited to a few brief extracts:

Harvey's work of discovery, like that of all great discoveries, into whatever reach of knowledge and of thought they may have broken, was not unprepared. Men were eagerly looking for a light that they felt sure was coming; and there were streaks of dawn in the eastern sky that led them to find the man and the truth for which they had been seeking; so that what before had been mysterious was now clear; what had been dark was now illumined; what they had sought for, now they found.

The contents of the "shell," on the like of which Harvey afterward wrote so much, were teeming with a growing life that showed but vague signs upon its smooth, unbroken surface; but Harvey broke the shell, and there burst forth at once into a seen life a form and meaning for which all the growing processes within that shell were made. There was a new thing, a new thought, a new generalization. There was the solution of the problem of yesterday, the answered riddle, the platform for to-morrow's work. All honor to those who, toiling slowly in the night, or in the dawn with its mist and mystery, have yet made some headway forward and upward, and prepared the path for one among them who has shared their labor, their weariness, their disappointments, and their woes, but who suddenly makes, as it were, a leap to a wider range or to a higher level, and thence holds out the hand of strength and fellowship to place them by his side. We honor the worker, wherever he may be, so long as his labor is honest and is his best; but we have only scant words to express the regard in which we hold the man whose discerning thought and practiced skill have lifted all workmen higher; opened to them new ranges for their toil; given them new methods to follow; and left behind him footprints in which some of them may tread as he goes before them and passes out of sight.

The peoples in this world have been always fighting, from the days of Cain and Abel until now; but yet there is a book, written not so very long ago, with the title of "The Fifteen Decisive Battles of the World," and perhaps time is yet too young for any one to say that a sixteenth has been fought. But in the great conflicts of schools of science, of thought, and of discovery with regard to human life, can we put our finger upon even so many as "fifteen" who have made such marks in history that their works have followed them as "decisive battles" gained? If there be, let us gladly thank all the great heroes who lead these fights; but if we look among them, there is no one whom the gathered-up roll of leaders in the world of thought can show who stands on a higher place than does our own immortal Harvey.

Throughout Harvey's writings there is an eminently religious tone, a devout and reverential recognition of God; not only as the great primal, ever-acting force, behind, outside, and before all the works of nature, but as the Being, "the Almighty and Eternal God," to whom, as he says in his last will and testament, "I doe most humbly render my soule (as to) Him that gave it; and to my blessed Lord and Savior Jesus Christ." But Harvey did not let his religious convictions hold him in the tight grasp of what has been termed the "theologic stage" of development; nothing prevented him from seeing all that he could see, and frankly telling all that he believed. If Harvey, though a devout believer in God, was yet free from all the restraints of the so-called "theologic stage," he also, although a learned and keen metaphysician, had escaped from the trammels of what has been termed the "metaphysic stage." If it be asked what was, then, Harvey's position, and what was the method he employed, my reply is that he, being one of "the freemen whom the truth makes free," held the position of an observer, a questioner, and interpreter of Nature. He declares himself "the partisan of truth alone."

The intense love that Harvey felt for Nature led him to choose her as his constant companion and his guide in the search for

truth. There was nothing that she could show him that was too great for him to attempt to understand; nothing too small for him to pass by or to regard with other feelings than those of affection, of reverence, and wonder. The teaching of Nature was to him absolute in its authority. "The facts cognizable by the senses," he says, "wait upon no opinions. . . . The works of Nature bow to no antiquity; for, indeed, there is nothing either more ancient or of higher authority than Nature." Harvey "observed" the facts before him, and he had eyes to see; but not content with the "experiments prepared by Nature," he "made" new facts by his skillful manipulation of the materials that were lying at his hand; and thus he asked pertinent questions, and obtained their answers. He thought about all these things; he reasoned upon them all; he sought and found all the help that metaphysical method and learning of the schools could render him; and then he became their "interpreter."

His mode of progression may be defined as "longitudinarian" —that is, he looked and worked straight from end to the end. His line was the shortest one that he could draw between the simplest, the first, fact observed and the most remote object of his gaze. He thought "in a straight line;" he never swerved in his forward march; but, as he passed onward, he saw things outlying on by-paths, but his own force of movement dragged them into his own well-chosen course, and he made them help him on his way. Arrived at his goal, he arranged his materials with care, and proceeded to explain their meaning by a simple inductive process. But, still keeping the same point in view, he approached it from other sides. Sometimes his lines, although converging, did not meet at the point he quite expected. Here his power of thinking outside of and beyond the facts came to help him; he made new observations, new experiments, and at last focussed them on a point made bright by the rays of his own genius. Dr. Ent spoke but the truth when he said, "Our Harvey rather seems as though discovery were natural to him —a thing of ease and of course, a matter of ordinary business,

though he may nevertheless have expended infinite labor and study on his works."

Boldness was a great feature of Harvey's character when he told any of the truths he knew. "It were," he says, "disgraceful . . with this most spacious and admirable realm of Nature before us . . did we take the reports of others upon trust. . . Nature is herself to be addressed; and the paths she shows us are to be boldly trodden. But Harvey, although bold and strong, was meek, cautious, and polite. He preferred "being wise with the few . . to going wrong with the many."

In much of his writing Harvey was both humorous and eloquent, and he could exhibit high indignation when he dealt with his detractors, yet "to return evil speaking with evil speaking" he held to be unworthy in a philosopher and a searcher after truth. But, with the exception of a few scattered passages of just wrath, Harvey was always dignified, lenient, and calm. He was, as his contemporary Ent said of him, "beyond all praise;" and it may be justly repeated of him, when regarding the strength and gentleness of his great heart:

> "He has outsoared the shadow of our night,
> Envy and calumny, and hate and pain,
> And that unrest which men miscall delight
> Can touch him not and torture not again."

He acquired fame, which certainly was not to him "the spur" that might his

> "clear spirit raise
> To scorn delights and live laborious days."

It may be, as was said of others in his day, that it was "the last infirmity of noble minds;" but it was not so with our illustrious Harvey. "Think me not eager," he says, "for vainglorious fame, rather than anxious to lay before you observations that are true, and that are derived immediately from the nature of things." Truth was what he sought, and what he found; and if fame went with him, and followed him to his grave, and waits upon him now, there was no seeking for it upon his part.

Harvey's great achievements were the result of his method,

viz., that of observation and experiment. Nature "displays" much; "the heavens declare the glory of God," and she is always "revealing" as she moves, and she is never still; but Nature is ever moving "onward" to some unknown goal, and at each onward step she, while revealing, "hides," leaves behind in her wake something of the past, which now we can not see, and presents new facts and new combinations for man—one of her factors—to interpret.

Harvey was one of her keenest and most devout interpreters. To him, as he stood by and listened, the Nature-spirit sang, and with profoundest meaning,

> "So work I at Time's rushing loom,
> And weave the living robe of God."

In reverence Harvey knelt before her; but, not satisfied with what he saw and heard, he asked her questions—and this with no intention of confusing her, or misreading what she had already said or written—for he was just the kind of questioner to ask the kind of questions to which she readily gave answer. He examined her "in chief" to find out the right; he "cross-examined" her, but in no unfriendly tone, to bring her answer to a "yes" or "no," and so disprove the wrong, the untruth which other questioners had placed in evidence. "Nature," said he to Ent, "is the best and most faithful interpreter of her own secrets; and what she presents either more briefly or obscurely in one department, that she explains more fully and clearly in another. . . Truth," he continues, "scarce wants an advocate." Nature to him was a perfect verity; the one witness that could never be abashed or shaken; the one witness in whom there could be no false way; the one witness who could not lie. There was no need to put her "on her oath," for she, in her prime, had been adjured by the Most High God to tell "the truth, and nothing but the truth." This she has always done, and now is doing, and will, as we believe, go on to do.

But can she tell "the whole truth?" Will Nature ever tell or teach us this? I can not presume to answer the question which yet I dare to ask; but my own conviction is that she

neither will nor can do this thing until the last hour of time has struck, and has ushered in the dawn of that one long, clear, eternal day, whose "sun shall no more go down," and in whose ever-growing light we may hail the presence of that

> "far-off Divine event,
> To which the whole creation moves,"

No Cure, No Pay.—A rather unusual case has lately been submitted to Judge Hagner in the Circuit Court at Washington (Evening Star). This was a suit to recover from Dr. W. H. Hale one hundred dollars paid him by a colored man, named Meredith, under a guarantee of Hale that for that sum he would cure Meredith's son of pulmonary consumption, and in case he failed he would refund the money. The boy died, and Meredith sued Hale before a justice of the peace and obtained judgment. The case was re-opened, and judgment was given against Hale a second time, and he appealed. After the testimony of the parties was given, Judge Hagner affirmed the judgment below. He declined to consider the defendant's bill in bar for attending Meredith's wife, and decided the case solely as to the original claim. Judge Hagner read the heading of Dr. Hale's circular—"Hearth and Home, sworn circulation 63,000 copies monthly"—and the signed guarantee to cure the son, and said, "This guarantee was to perform an impossibility, to reverse a decree of the Almighty, and was akin to gypsying and voudooism, which says, 'I don't want your money, but as I must touch silver I must have it before I can succeed.' The justice was right in his decision that the money should be paid back, and this court affirms that decision."

Death of Professor Bemiss.—Dr. Samuel Merrifield Bemiss died suddenly at his home in New Orleans, November 17th, aged sixty-three years. Deceased was born in Nelson County, Kentucky. He graduated at the University of New York. He begun practice at Bloomfield, Kentucky. He subsequently removed to Louisville, where he became Professor of the Theory

and Practice of Medicine in the University of Louisville. He served as a Confederate surgeon throughout the war, and at its close accepted the chair of Theory and Practice of Medicine in the University of Louisiana, at New Orleans, a position he held up to the time of his death. He edited for many years the New Orleans Medical and Surgical Journal. Dr. Bemiss was a popular practitioner, an instructive teacher, and an enlightened citizen, whose loss will be keenly felt by a very large circle of friends both in New Orleans and in his old Kentucky home. His remains were brought to Louisville for interment.

THE TRUE VALUE OF NERVE-STRETCHING IN THE TREATMENT OF THE PRINCIPAL SYMPTOMS OF LOCOMOTOR ATAXY.—At the congress of German naturalists, held in Salzburg last September, the question of the value of nerve-stretching in locomotor ataxy was thoroughly discussed, and all were agreed that after a transient stage of amelioration the disease advanced unchecked. This opinion has since been confirmed at the meeting of the Verein für innere Medecin, of Berlin, held on the 31st of October, when Drs. Bernhardt, Leyden, Litten, Goldammer, and Israel cited numerous facts which placed the conclusion beyond doubt, that elongation of the great nerve-trunks in locomotor ataxy can lessen the darting pains for a few weeks and renew cutaneous sensibility and equilibrium; but the pains, driven from their original seat, appear in the trunk, the loss of equilibrium is soon more marked than before, and the skin again loses its sensibility. (*Deutsche Med. Woch.*)

DR. KOCH OF BERLIN.—The Berlin correspondent of the Pall Mall Gazette writes: The hero of the hour at Berlin at present is Dr. Koch, the president of the German Cholera Commission. In appearance he is of medium height, very thin, with a serious, energetic, *spirituelle* student's face. His beard is brown, but his hair is becoming gray; and this, together with his glasses, makes him seem to be older than forty or forty-one. He studied medicine at Gottingen, and afterward pursued his

microscopic studies of bacteria at Breslau, under Professor Cohn. Geheimer Rath Koch has been known to the scientific world for some time as a conscientious and accurate observer; but to the non-scientific world his name was unknown until his discovery of the cholera germ.

DEATH OF DR. LOUIS A. DUGAS.—Dr. Dugas died at his home in Augusta, Ga., on the 19th of October. He was born in Georgia, and lived there his long and useful life. He graduated at the University of Maryland in 1827; spent four years abroad in study; returned to Augusta and began the practice of his profession; he was one of the founders of the Medical College of Georgia; he was a member of many medical societies, home and foreign; he was one of the editors of the Southern Medical and Surgical Journal. Wherever he was placed he did his duty alike to science, the profession, and the public.

DRINKS FOR THE SICK.—*Orange Whey:* The juice of one orange to one pint of sweet milk. Heat slowly until curds form, strain and cool.

Egg-Lemonade: White of one egg, one tablespoonful pulverized sugar, juice of one lemon, one goblet water. Beat together.

Sago-Milk: Three tablespoonfuls sago soaked in a cup of cold water one hour; add three cupfuls boiling milk; sweeten and flavor to taste. Simmer slowly a half-hour. Eat warm.

Baked Milk: Put a half-gallon of milk in a jar, and tie it down with writing-paper. Let it stand in a moderate oven eight or ten hours. It will be like cream, and is very nutritious.

Punch without Liquor: Take the juice of six oranges and six lemons, adding sugar to suit the taste. Put to this a quantity of pounded ice and some sliced pine-apple, pouring over it two quarts of water. This is an agreeable summer beverage for any body, sick or well.

HOSPITALS AT WINNEPEG.—Dr. Henry H. Chown, of Winnepeg, Manitoba, writes in an unnecessarily indignant tone

regarding an item in The Record, which says that Winnepeg, having a medical school, "is about to start a hospital." Our correspondent says that the hospital which is about to be started is not the first but the third in that city, and that it is doubtful if any college has started with greater hospital advantages than the Manitoba Medical School. We are very glad to learn this, and to correct any misapprehension regarding the educational facilities of Manitoba.

THE THERAPEUTIC GAZETTE, established and published by that very enterprising and liberal pharmacist, Mr. George S. Davis, of Detroit, will hereafter be edited in Philadelphia, by Prof. H. C. Wood, M.D., and Prof. R. M. Smith, M.D. The place of publication will continue to be Detroit.

While we part with regret from the former editor, Dr. Brodie, who has so well and so long directed the fortunes of the Gazette, it is a great pleasure to know that Dr. Wood has returned to a field in which he occupied a justly prominent place.

DEATH OF PROF. F. A. ROSS, M.D.—The death of this eminent man occurred at his home in Mobile, Ala., October 17th. Few physicians were better known in the South than Dr. Ross, and not one of all the long line of worthies who have adorned the profession in Alabama will be more missed than he. Well-educated, traveled, experienced, active, industrious, brave, strong, suave, and sympathetic, he will be mourned by all who knew him. The death of such a man, in his very prime, is a public calamity.

"LADY MEDICALS."—"Although the Medical School for Women in London has been open some eight or nine years, only some score or so of lady doctors have been launched upon mankind; but this limited supply has far exceeded the demand, at least as far as England is concerned. Only about two or three lady doctors, I am told, can earn a living by the private practice of their profession in this country."

Bibliography.

Practical Manual of Obstetrics. By Dr. Ferrier, Lecturer on Obstetrics in the Faculty of Medicine of Paris. Fourth edition, enlarged and revised. With illustrations. First American edition. 1 vol., 8vo, pp. 365. New York: Wm. Wood & Co. 1884.

Diagnosis and Treatment of the Heart. By Constantine Paul, Member of the Academy of Medicine, Physician to the Lariboisière Hospital. Translated from the French. 1 vol., 8vo, pp. 335. New York: Wm. Wood & Co., 56 and 58 Lafayette Place. 1884.

A Treatise on Physiology and Hygiene, for Educational Institutions and General Readers. Fully illustrated. By Joseph C. Hutchison, M. D., LL. D., Ex-President of the New York Pathological Society, etc. New York: Clark & Maynard, Publishers, 734 Broadway. 1884.

Pharmacopeia Germanica. Editio Altera. The German Pharmacopeia, second edition, which, by authority of the Federal Council of the German Empire, replaces the first edition on January 1, 1883. Translated by C. L. Lochman, translator of the German Pharmacopeia. 1 vol., 8vo. New York: J. H. Vail & Co. 1884.

The Ear: Its Anatomy, Physiology, and Diseases. A Practical Treatise for the use of Medical Students and Practitioners. By Charles H. Burnett, A. M., M. D., Professor of Otology in the Philadelphia Polyclinic and College for Graduates in Medicine, etc.; with one hundred and seven illustrations. Second edition, revised and rewritten. Philadelphia: Henry C. Lea's Son & Co. 1884.

A System of Human Anatomy: Including its Medical and Surgical Relations. By Harrison Allen, M. D., Professor of Physiology in the University of Pennsylvania, etc. Illustrated with three hundred and eighty figures, and one hundred and nine plates, many of which are beautifully colored. The drawings by Hermann Faber, from dissections by the author. Also upward of two hundred and fifty wood-cuts in the text. Section VI—Organs of Sense, of Digestion, and Genito-Urinary Organs. Philadelphia: Henry C. Lea's Son & Co.